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APPLICANTS

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** CONTINUING DATA ****
*DP DP*** FOREIGN APPLICATIONS ****
DP DP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/14/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>DP</i> Initials				

ADDRESS

21186

TITLE

INDICATOR OF REMAINING ENERGY IN STORAGE CELL OF IMPLANTABLE MEDICAL DEVICE

FILING FEE RECEIVED 1468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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